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22497 7590 05/10/2007

LARSON AND LARSON  
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|                       |                    |
|-----------------------|--------------------|
| <i>Lynn A. Raffin</i> | (Depositor's name) |
| <i>Lynn A. Raffin</i> | (Signature)        |
| <i>August 3, 2007</i> |                    |
| (Date)                |                    |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/826,693      | 04/19/2004  | Stephen Porcich      | 2130.0              | 9583             |

TITLE OF INVENTION: SHOE SUSPENSION SYSTEM

| APPLN. TYPE       | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-------------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional    | YES          | \$700         | \$300               | \$0                  | \$1000           | 08/10/2007 |
| EXAMINER          |              | ART UNIT      | CLASS-SUBCLASS      |                      |                  |            |
| MOHANDESI, JILA M |              | 3728          | 036-027000          |                      |                  |            |

|   |   |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   | <i>Larson &amp; Larson</i>  |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required. | <i>Frank Liebenow</i>   |

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 70557 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Frank Liebenow*

Date

8/3/07

Typed or printed name

*Frank Liebenow*

Registration No.

48688

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| 08/06/2007 | 00005351 | 4 | 8001 | \$30.00  | 08/03/2007 |